

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SPINAL ROD CONNECTOR
Attorney Docket Number::	DUQ-002 (DEP5290)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	6
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Iain
Family Name::	KALFAS
City of Residence::	Beachwood
State or Province of Residence::	OH
Country of Residence::	US
Street of mailing address::	6 Nantucket Court
City of mailing address::	Beachwood
State or Province of mailing address::	OH
Postal or Zip Code of mailing address::	44122

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tom
Family Name:: DOHERTY
City of Residence:: Bellingham
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 20 Chamberlain Road
City of mailing address:: Bellingham
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02109

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Family Name:: SELVITELLI
City of Residence:: Millis
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 64 Plain Street
City of mailing address:: Millis
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02054

Applicant Authority Type:: Inventor
Status:: Full Capacity
Given Name:: Stephen
Family Name:: JOHNSON
City of Residence:: Johnston
State or Province of Residence:: RI

Country of Residence:: US
Street of mailing address:: 38 Rollingwood Drive
City of mailing address:: Johnston
State or Province of mailing address:: RI
Postal or Zip Code of mailing address:: 02919

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Family Name:: MAZZUCA
City of Residence:: North Easton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 9 Bridge Street
City of mailing address:: North Easton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02356

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959